Resilient Homes Fund

Third Party Authorisation Form

Department of Energy and Public Works

I/we, the owner/s of the home at	('the Home")) authorise:

Third Party name
Third Party Contact number
Third Party Email address

to act on my/our behalf in relation to participating in the Resilient Homes Fund to the extent the Fund is managed by the Department. This includes communicating with the Department (including the Department disclosing my/our personal information to the Third Party) in relation to my/our participation in the Fund.

I/we acknowledge that:

- 1. I/we can still deal with the Department in relation to the Fund even if I/we authorise the Third Party;
- 2. where the Third Party completes the registration of interest for the Home on my/our behalf, I/we acknowledge that:
 - (a) the registration process requires me/us to:
 - provide consents in relation to the use and disclosure of our personal information
 - certify that all information provided is true and correct to the best of my/our knowledge and belief and
 - provide other acknowledgements as to the conditions, limitations and risks associated with Fund.
 - (b) those requirements can be found on the Queensland Government website at <u>Privacy information</u> and <u>Terms</u> <u>of participation</u> and I/we have reviewed them; and
 - (c) I/we authorise the Third Party to provide those consents, certifications and acknowledgements on my/our behalf and understand that they will be taken to have been made by me/us;
- 3. I/we can withdraw this authorisation at any time by notifying the Resilience Home Fund via email at <u>resilienthomes@epw.qld.gov.au</u>; and
- 4. this authorisation permits the Department to communicate and deal with the Third Party on my/our behalf and other government agencies associated with the Fund may require separate authorisations from me/us to deal with a third party on my/our behalf.

By signing below, I/we consent for the Third Party to act on my/our behalf as set out above.

Owner Signature:	Owner Signature
Owner Name:	Owner Name
Date:	Date
Witness Signature:	Witness Signature
Witness Name:	Witness Name
Date:	Date



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